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Impact of local socio-economic constraints on the value of animal health information

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Early detection and control of animal diseases through efficient surveillance system is critical to sustain livelihoods of farmers and prevent emergence and re-emergence of human pathogens adapted from animals. Most animal health programs relies on data generated by national surveillance systems. The effectiveness of most surveillance system remains limited especially in low-income countries. Many socio-cultural, economical and political factors can affect the performance and costs of surveillance systems and therefore the value or at least the « perceived value » of animal health information. Studies have been implemented in South East Asia and in Europe to better understand local socio-economic constraints impairing animal health surveillance performances.. All the studies used common evaluation tools based on participatory approaches and contingent valuation method to assess the non-monetary benefits, i.e., the value of sanitary information. Farmers are facing several options besides reporting: treatment, sale or destruction of animals. Reporting is often associated with lots of uncertainty regarding outcomes and transaction costs as the release of health information induces market price drops. Low acceptability of the surveillance system linked to social costs such as stigmatization and stress is a major issue for disease reporting. The ability to sell or trade sick animals reduces dramatically surveillance benefits, especially under high uncertainty of compensation and treatment. All the studies provided evidence that local constraints not only linked to technical and epidemiological issues but also to socio, cultural and economical aspects have a strong impact on the value of animal health information. Such data are critical to better inform decision-making and ensure efficacy of new surveillance or improved surveillance designed. This work also demonstrates the added value of participatory approaches in the evaluation process.